PTO/5B/06 (12-04)
Approved for use through 7/31/2006. OMB 065 1-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Dockel Number Substitute for Form PTO-876 10/08759 APPLICATION AS FILED - PART I OTHER THAN OR. (Column 1) SMALL ENTITY SMALL ENTITY (Column 2) NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) BASIC FEE [37 CFR 1.16(a), (b), or (c)) SEARCH FEE ٠. (37 CFR 1.16(k), (1), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (o), or (a)) TOTAL CLAIMS (37 CFR 1.16(1)) -minus 20 = OR ~ INDEPENDENT CLAIMS (87 CFR 1.16(h)) minus 3 = . If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See FEE (37 CFR 1.16(s)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a) MULTIPLE DEPENDENT CLAIM PREBENT (37 OFR 1.168)) "If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) ADDI. RATE (\$) ADDI-EXTRA **AFTER** PREVIOUSLY TIONAL TIONAL ENDMENT MENDMENT PAID FOR FEE (\$) FEE (\$) 36 Total Minus × 25 <u>× 50</u> OR Minus ×200 ×100 OR Application Size Fee (37 CFR 1.16(c)) 360 180 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 OFR 1.10(1)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR ·27.06 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT RATE (\$) ADDI-TIONAL NUMBER RATE (\$) ADDI-AFTER PREVIOUSLY EXTRA TIONAL ENDMENT MENDMENT PAID FOR FEE (\$) FEE (\$) Total (0)1.14(0) 36 36 OR Independent (37 OFR 1:16(N)) Minus OR

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR (.18(J))

Application Stze Fee (37 CFR 1.16(s))

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USRIO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete use of the use of th ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

OR

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TOTAL

ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.